) <u>S</u> T	I hereby certify that this correspondence is being deposit in an envelope, addressed to: Mail Stop Amendment, Co		
01 FC:1251	Dated:	March 3, 2005	

PETITION FOR EXTENSION OF TIME UNDER	Docket Number (Optional)					
FY 2005 (Fees pursuant to the Consolidated Appropriations Act	2788 (203-2854)					
Application Number 09/964,901	Filed September 27, 2001					
For SILICONIZED SURGICAL NEEDLES AND METHODS FOR THEIR MANUFACTURE						
Art Unit 1762	Examiner E.C. Cameron					
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.						
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):						
	<u>Fee</u>	Small Entity Fee	120.00			
✓ One month (37 CFR 1.17(a)(1))	\$120	\$60	_{\$120.00}			
Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$			
Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$			
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$			
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$			
Applicant claims small entity status. See 37 CFR	₹ 1.27.					
A check in the amount of the fee is enclosed.						
Payment by credit card. Form PTO-2038 is attached.						
The Director has already been authorized to charge fees in this application to a Deposit Account.						
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to						
Deposit Account Number 21-0550 . I have enclosed a duplicate copy of this sheet.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
I am the applicant/inventor.						
	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).					
attorney or agent of record. Registration Number 43,513						
attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34						
Muchael R. Brew March 3, 2005						
Signature	Signature					
Michael R. Brew, Esq.	Michael R. Brew, Esq.					
Typed or printed name		Telephon	ne Number			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
4	re submitted.					

ION UNDER 37 C.F.R. §1.8(a) od with the United States Postal Service on date below as first class mail, postpaid nmissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Jennifer Puente